

**APPLICATION FOR OCCUPANT PROTECTION CHECKPOINT MINI-GRANT**

Amount Applied For: \$	Federal ID No.:	
Date of Checkpoint (Month, Day, Year):		
Agency or Organization Requesting Grant:		
Project Manager:	Telephone:	
Title:	Fax:	
Address:		
City:	State:	Zip:
E-Mail Address:		
<i>In compliance with this application the undersigned agrees to furnish the goods and services in accordance with the actual proposal.</i>		
_____ Signature of Project Manager		_____ Date

*Submit Completed Application to Project Director:*

**Please provide the following information:**

1. Total number of police officers in your agency: \_\_\_\_\_
2. Number of police officers performing traffic safety duties: \_\_\_\_\_

**Please check the appropriate Smart, Safe and Sober mobilization:**

- ☐ May SSS mobilization
- ☐ November SSS mobilization

\_\_\_\_\_  
Mini-Grant Number\_\_\_\_\_  
Amount Approved\_\_\_\_\_  
Approval Signature of Project Director\_\_\_\_\_  
Date\_\_\_\_\_  
Approval Signature of CTSP Manager/Supervisor\_\_\_\_\_  
Date\_\_\_\_\_  
Approval Signature of TSS Assistant Commissioner\_\_\_\_\_  
Date